

**MEDICAID, BADGERCARE AND FAMILY PLANNING WAIVER  
REGISTRATION APPLICATION**

Completing this form will set your application date for Medicaid, BadgerCare and Family Planning Waiver. You only have to complete the bottom portion of this application in order to set your application date. However, the entire Medicaid, BadgerCare, and Family Planning Waiver application process must be completed before you can receive benefits. You will be notified within 30 days whether or not you are eligible.

It is important to set your application date as soon as you can because if you are eligible, you may receive benefits from your application date. Medicaid benefits for eligible persons may be backdated up to three months beginning prior to the application date. BadgerCare and Family Planning Waiver benefits **cannot** be backdated.

You can apply for Medicaid/BadgerCare by mail, telephone or in person. If you choose to apply by mail, you may get a Wisconsin Medicaid/BadgerCare Family application at your local county/tribal social or human services department. To schedule an appointment to apply in person or by telephone contact your county/tribal social or human services department.

If you need an interpreter or other help in completing this form, ask for help. You may have another adult act as an authorized representative and complete the application process. You are responsible for all information provided, even if an authorized representative completes the application process for you.

Learn about general Medicaid information, as well as your rights and responsibilities in the "*Wisconsin Medicaid Program – Eligibility and Benefits*" brochure. If you do not have one, ask for one at your local county/tribal agency. If you have questions about your rights and responsibilities, please ask about them.

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**Instructions to Applicant:** Use only blue or black ink. Do not complete shaded area.

Under Wisconsin Statute section 49.45(4), personally identifiable information is only used directly for the administration of the Medicaid program.

\*Providing or applying for a Social Security Number (SSN) is voluntary; however any person who wants Wisconsin Medicaid but does not want to provide their SSN or apply for one will not be eligible for benefits, pursuant to Wisconsin Statutes section 49.82(2). Your SSN permits a computer check of your information with other government agencies, such as the federal Internal Revenue Service (IRS), federal Social Security Administration (SSA) and the Wisconsin Department of Workforce Development. In addition, the Medicaid program will match your name and SSN with information provided by health insurance carriers to determine if you have other health insurance.

RFA / Case Number	Social Security Number*	Birthdate (mm/dd/yy)	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant Name (Last, First, MI)			Telephone Number
Address (Street, City, State, Zip Code)			
Signature – Applicant			Date Signed

**Keep the top portion of page for your records. Return the bottom portion of this form to:** (County/tribal social or human service department must stamp or write in address of where to return form.)

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